Tool Kit

A Supplement to
"Developing Community-Based Tobacco Prevention and Control Plans in Counties"

July 19, 2000

Washington State Department of Health
Tobacco Prevention and Control

Introduction

Applicants across Washington are in the process of preparing their county's application in response to the Department of Health's *Community-based Tobacco Prevention and Control Funding for Counties.* For many applicants, the format, expectations, and terminology are new. Additionally, this may be the first time an applicant has been asked to conceptualize a plan for tobacco prevention and control for their county.

To help applicants with this process, the Washington State Department of Health has developed ***Tool Kit: A Supplement for Developing Community-based Tobacco Prevention and Control Plans in Counties.*** The *Tool Kit* is divided into two sections:

- Section 1: *Application Information* can be used by county's to clarify the DOH's expectations regarding the contents of a successful application
- Section 2: *For Your Information* provides useful tips and other information that you and your county partners can refer to now and in the future whenever you are doing local tobacco prevention and control planning.

We hope the *Tool Kit* will make the RFA for community-based funding easier to understand, and your application easier to prepare.

We anticipate scheduling a videoconference at the nine ESD sites the first week of August to review the RFA and answer questions you may have. We will post the broadcast date on the web at www.doh.wa.gov by Tuesday, July 26. However, if you have urgent questions, don't hesitate to contact Tom Wiedemann at tom.widemann@doh.wa.gov or 360/236-3685 or Dave Harrelson at david.harrelson@doh.wa.gov or 360/236-3685.

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Section 1-A Glossary of Terms

American Legacy Foundation: ALF: American Legacy Foundation is a 501(c)(3) organization established in November 1998. The foundation was established as part of the Master Settlement Agreement (MSA) between a coalition of Attorneys General in 46 states and five U.S. territories and the tobacco industry. ALF's goals are to 1) reduce youth tobacco use; 2) reduce exposure to second-hand smoke among all ages and populations 3) increase successful quit rate among all ages and populations and 4) decrease tobacco consumption among all ages and populations. More information can be obtained from their website at www.americanlegacy.org

Assessment: A one time or continuous monitoring or routine collection of measures relating to the program, community capacity and other factors.

ASSIST - *American Stop Smoking Intervention Study*. An eight-year (1991-1999) tobacco prevention and control program, funded in 17 states by the National Cancer Institute (NCI) to mobilize community-based coalitions and use policy and media advocacy to reduce tobacco use. The primary ASSIST counties in Washington State were Clark, King, Pierce, Snohomish and Spokane. Sixteen other counties received small project contracts.

At-Risk: Populations: Populations or subgroups (by sex, age, economic level, education, geography, etc) that, according to local data and/or national research, have higher tobacco use rates than the general population.

Best Practices: A superior method or an innovative practice that contributes to improved public health by preventing or reducing tobacco use. “Best practices” may incorporate several factors that include but are not limited to: (a) expert review (e.g., assessment, award, functional, or auditing team); (b) results are clearly superior to others of comparative organizations; (c) results are "breakthrough" in efficiency/effectiveness (e.g., high return on investment); (d) multiple sources agree the practice is superior; (e) use of latest technology; or (f) high number of satisfied repeat customers. The best practice must demonstrate through science and data that it is ‘more, better, faster, cheaper’.

Core Capacity - A county’s overall capability to execute an effective tobacco prevention and control program as determined by measuring (or "assessing") the following characteristics:

- community leadership
- community mobilization
- community assessment
- planning
- program implementation
- program efficacy
- program efficiency
- public awareness and communications
- youth involvement
- policy advocacy

Community Plan: Activities and outcomes developed and approved by the local community. The plan uses six strategies, including: capacity development, local interventions, youth interventions (school- and community-based), public awareness and

education, policy development and regulation, and assessment and evaluation, to address the four objectives (prevent initiation among youth and young adults, promote quitting among youth and adults, eliminate exposure to ETS (environmental tobacco smoke), and identify and eliminate disparity among populations).

Counter Marketing: Activities to counteract the marketing efforts of the tobacco industry and other pro-tobacco influences. Examples include media advocacy, media relations, counter advertising, reducing tobacco industry sponsorships and promotions, and exposing tobacco industry tactics.

CDC National Tobacco Program: The first nationwide tobacco prevention and control program in all 50 states and its territories funded by the federal government. This federal program was created to sustain efforts started during the 17 state NCI ASSIST project and enhance funding and support to 33 CDC IMPACT states.

Comprehensive: A plan that includes all objectives and strategies and reaches all populations "at-risk" through all channels (community, work-sites, schools, health care settings, etc).

Disparity: Any population/group with a tobacco use rate at least 5 percentage points higher than the general population

Evaluation: The systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.

Integrated: Strategic combination of strategies and activities or institutionalization of programs and activities into community structures or systems.

Media Advocacy: The strategic use of media for advancing a social or policy initiative.

NCI 4-A: A program created by the National Cancer Institute to teach health care providers the skills and methods they can use to counsel their patients to quit using tobacco.

Performance Objectives: Measures contractors and DOH will use to determine whether a strategy was accomplished.

Priority Populations: Populations that have been identified as an intervention target to reduce tobacco use rates.

S.O.U.L. (Saving Ourselves from Unfiltered Lies): A statewide, youth-directed tobacco prevention and control movement.

Spending Plan: A monthly estimate of the contractor's projected expenditures

Strategic Use of Media: Combined use of media advocacy and paid media or advertising to advance a social or policy initiative.

TATU (Teens Against Tobacco Use): a peer education program used to train high school and upper middle school students in media literacy, advocacy, peer education, presentation and planning skills. Trained students then conduct tobacco prevention presentations in grades 4 through 7.

Tobacco Prevention and Control Account: A $100 million account created by the Washington State Legislature to prevent and control tobacco use in Washington State. The account was created from tobacco industry funds received by the state as a participant in the Master Settlement Agreement (MSA).

Tobacco Prevention and Control Plan: The $15 million statewide, comprehensive, and integrated tobacco plan developed by the DOH in concert with the Tobacco Prevention and Control Council using recommendations from four Technical Advisory Groups (Community-based, Schools, Cessation, Public Awareness and Education) and two consulting groups (Youth Access and Assessment and Evaluation).

Youth Empowerment: Extends youth participation in strategies beyond nominal attendance at meetings by allowing young people to lead and participate in the planning and implementation of program activities. This involvement not only educates young people about tobacco prevention issues, but also empowers them to be advocates.

Youth Tobacco Prevention Account: An account established in 1993 by the Washington State Legislature to help communities reduce tobacco use among youth. The account of about $1.8 million per biennium is managed by the Washington State Department of Health (DOH). It is funded through retailer license fees and penalties for illegal sales. Seventy percent of account funds “pass through” the DOH to every county and thirty percent are contracted to the state Liquor Control Board (LCB) so they may enforce the state’s youth access law.

Section 1-B Guiding Principles

The following are key principles to keep in mind when undertaking local planning.

Focus activities on normative change: Efforts are directed primarily at population-based strategies, including the implementation of public health policy to create an environment favorable to non-smoking norms.

Collaborating at multiple levels: Community planning and implementation efforts should involve a broad array of federal, state and local community leaders and organizations, government agencies, business, health, educational, multicultural, and other stakeholders (e.g., religious groups).

Build local capacity: Effective tobacco prevention and control programs have at least minimum "core capacity" in place to support program planning and implementation, including: community leadership and mobilization; community assessment, planning; public education and communications, program efficacy; program efficiency; youth involvement; and policy advocacy. (See *Characteristics of Effective Community Programs* on pages 11-13 of this document)

Inclusiveness and cultural competency: The current and future strength of tobacco control efforts emanates from inclusion of diverse populations, organizations, and individuals in local planning and implementation, and a sensitivity to cultural differences.

Institutionalization: To achieve and maintain desired environmental and social changes, tobacco prevention and control programs must become integrated into community structures.

Accountability: Future funding depends on the results achieved in the initial years of the state's tobacco prevention and control plan. By requiring the use of *best practices*, communities are better able to measure their progress and remain accountable for their efforts.

Strategic thinking: Communities must maximize the impact of every dollar spent. By thinking long-term and planning year-to-year, communities can make the most efficient use of limited funds.

Implement *best practices*: Effective tobacco prevention and control programs rely heavily, whenever possible, on objectives, strategies and activities that have been evaluated and proven effective. Frequently this type of information is not available, which means program planners must use other standards to define which activities should be considered *best practices* and which should not. Most often, successful programs use "*promising practices*" – activities that are supported by existing research and/or experiential data but not proven – to allow for innovation to occur.

Leveraging resources: By developing a comprehensive, fully integrated plan, counties can more effectively use funding from a variety of federal, state, and local sources.

Section 1-C Best Practices Framework

Using experiences from other states, the CDC has developed a proven ***best practice*** framework for implementing comprehensive and effective local programs. The DOH has modified this framework slightly by redefining the types of strategies applicants should consider when developing a county-based tobacco prevention and control plan. This new framework was the basis for the County Workplan Grid that you are using to prepare your county plan.

Objectives → ***Strategies*** **↓**	**Prevent Initiation Among Youth and Young Adults**	**Promote Quitting Among Youth & Adults**	**Eliminate Exposure to Environmental Tobacco Smoke (ETS)**	**Identify & Eliminate Disparity Among Populations**
Community Capacity Development	• Using tools provided by DOH, assess current county capacity assessment and complete a capacity development plan • Using tools provided by DOH, complete a county assessment • Create and maintain community coalitions and increase organizational involvement • Create networking opportunities to create new supportive relationships			
Local Interventions	• Reduce youth access • Media literacy • Reduce tobacco advertising/ promotion • Peer education and youth involvement	• Referral to statewide quit-line • Increase local services available • Train health care providers and educators	• Training & education • Train health care providers • Educate pregnant women & families	• Link with local tribal programs • Training & education • Train health care providers • Increase cultural competency • Work with multicultural and other at-risk groups • Youth involvement
Youth Interventions, (School and community-based)	• Collaborate with school-sponsored activities funded separately through local Educational Service Districts (ESD's) • Help schools implement CDC guidelines for comprehensive tobacco prevention/control in schools			
Public Awareness & Education	• Counter-advertising • Media advocacy • Youth involvement • Awareness campaigns	• Promote statewide quit-line and local services • Media advocacy	• Counter-advertising • Awareness campaigns • Media advocacy • Youth involvement	• Counter-advertising • Awareness campaigns • Media advocacy • Youth involvement
Policy Development & Regulation	• Counter advertising • Youth coalition involvement • Youth identification of issues	• Promote statewide quit-line and local services • Promote cultural group involvement	• Smoke-free restaurants & bars • Compliance with WA State Clean-indoor Air Act	• Counter-advertising • Awareness campaigns • Community group involvement • Culturally appropriate materials
Assessment and Evaluation	• Work with DOH epidemiology (assessment) staff for program evaluation • Encourage participation in school/youth tobacco surveys • Utilize programs that contain evaluation components			

Section 1-D Sample Best Practices

The next pages in this section provide examples of *best practices* activities communities might consider including in their County Work Plan Grid. The number and intensity/complexity (e.g., smoke-free guide vs smoke-free campaign) of activities conducted will depend on the county's current capacity and funding level. Applicants should feel free to include these items in their local plan, as appropriate.

Objectives → ***Strategies*** **↓**	**Prevent Initiation Among Youth and Young Adults**	**Promote Quitting Among Youth and Adults**	**Eliminate Exposure to Environmental Tobacco Smoke (ETS)**	**Identify and Eliminate Disparity Among Populations**
Local Interventions	**Reduce Youth Access** ▪ educate & distribute materials to retailers about youth access & minors' possession laws ▪ assist retailers in developing employee training re: youth access and possession laws ▪ conduct compliance checks ▪ conduct education events on youth access to tobacco ▪ form a local task force to address youth access issues ▪ educate parents ▪ educate business & community leaders to encourage them to voluntary pass policies **Reduce tobacco advertising & promotion** ▪ teach media literacy to youth organizations ▪ conduct point of sale advertising survey (such as Operation Storefront), use the results to educate the community about local advertising ▪ work on passing billboard/ad restriction near schools **Youth involvement** ▪ involve local youth in SOUL, compliance checks, TRUTH, TATU and other programs	▪ assess the availability of cessation resources in your community ▪ form a task force to develop priorities & a 5-year plan for enhancing cessation capacity within a community ▪ develop a list of cessation resources & disseminate through local access points ▪ work to increase local services & information available ▪ train health care providers & educators ▪ involve youth in Great American SmokeOut, KickButts Day, and other national/international focus events ▪ conduct a cessation contest among schools/youth groups ▪ promote smokefree pregnancy/parenting through education	▪ form a local task force to develop a 5-year strategic plan for reducing ETS in the local community ▪ educate parents/pregnant moms, childcare facilities, political, community & business leaders, employee groups about the dangers of ETS ▪ teach local citizens, political, business & community leaders about current ETS regulations ▪ provide consultation and/or information to employers to help them voluntarily go smokefree ▪ visit restaurants and educate on the value of going smokefree ▪ train healthcare providers to counsel expectant women, adults with children, & other adults/youth who smoke of the dangers of ETS ▪ setup a recognition awards system for public establishments that voluntarily go smoke-free	▪ link with local tribal programs ▪ training & education ▪ train health care providers ▪ increase cultural competency ▪ work with multicultural & other at-risk groups ▪ youth involvement ▪ identify local populations and the presence of tobacco industry activity amongst that population ▪ provide materials in a culturally relevant format ▪ participate in community group events providing education and awareness

Sample Best Practices (2)

Objectives → ***Strategies*** **↓**	**Prevent Initiation Among Youth and Young Adults**	**Promote Quitting Among Youth and Adults**	**Eliminate Exposure to Environmental Tobacco Smoke (ETS)**	**Identify and Eliminate Disparity Among Populations**
Youth Interventions (School and community –based)	• link with school sponsored activities funded separately through local Educational Service Districts (ESDs) • help schools implement CDC guidelines for comprehensive tobacco prevention & control	• provide information/referral resources to youth groups/coalitions • facilitate implementation of NOT, END, TAP/TEG or other cessation programs	• Support youth activities to increase smoke-free public areas such as parks, sporting venues, etc. • involve youth in addressing peers smoking in front of/or near school buildings	• involve local tribal youth in identifying and addressing tobacco issues • have youth create cultural specific events and messages • conduct cultural community activities/participate in fairs/events
Public Awareness & Education	**Youth Access** ▪ use social marketing techniques to support statewide counter-advertising ▪ use existing awareness events to teach youth & general public about youth access/possession issues ▪ use media advocacy about local compliance with youth access laws **Reduce tobacco advertising & promotion** ▪ use media advocacy to publicize the results of Operation Storefront and discuss targeting of youth by tobacco companies **Youth involvement** ▪ involve youth in press conferences about youth access and advertising/promotion issues ▪ Use radio/TV talk shows to show tobacco industry efforts to increase access to youth (at fairs, concerts, etc.)	▪ promote statewide quit-line and local services ▪ media advocacy through TV/radio/print media ▪ Conduct focus activities on Great American SmokeOut, KickButts Day, and other national/international events ▪ identify effect information for women and their families on the effects of tobacco use during pregnancy	▪ use social marketing techniques to support statewide counter-advertising on ETS issues ▪ use existing public awareness events to teach about the dangers of ETS ▪ use media advocacy to educate about ETS ▪ involve youth in press conferences & other media events publicizing the dangers of ETS	▪ conduct counter advertising that is culturally relevant ▪ awareness campaigns that address issues of importance to the community ▪ media advocacy through community youth groups ▪ youth involvement in cultural events and with SOUL and American Legacy Foundation (Truth) activities

Sample Best Practices (3)

Poliy Development & Regulation	• Monitor local tobacco advertising and educate retailers and the community Develop and/or distribute fact sheets related to key policy issues • Use media advocacy strategies to raise public awareness or the need for tobacco-free policies • Work with schools and youth organizations to adopt and enforce tobacco-free curricula and policies • Educate retailers and conduct compliance checks ▪ Work with local police to enforce minor's possession laws and provide diversion for youth arrested leaders on the impact on children	▪ Support statewide efforts to encourage health plans to adopt tobacco-free policies ▪ Use media advocacy strategies to raise public awareness or the need for tobacco-free policies ▪ Encourage parents and families to adopt tobacco-free policies in their home ▪ Support all policy efforts aimed at creating tobacco-free environments	▪ Educate local business owners, government agencies and community organizations and encourage them to adopt smoke-free policies ▪ Use media advocacy strategies to raise public awareness or the need for tobacco-free policies ▪ Educate community's the importance of smoke-free policies and the role of preemption in restricting local control	▪ Implement any of the activities addressing other objectives in a way that is culturally appropriate.
Assessment & Evaluation	▪ survey stores (especially those within 1000 feet of schools) & magazines to assess the amount of tobacco advertising, whether signs are posted & the amount of tobacco available through self-service and vending machines ▪ assess the number of events sponsored by tobacco companies	▪ use birth certificate information to assess the number of pregnant women who use tobacco in your community ▪ assess liability of cessation services in the community	▪ survey local restaurants to determine whether they allow or have banned/restricted smoking ▪ assess enforcement of local ETS policies ▪ assess attitudes of local restaurant and business owners to smokefree facilities ▪ assess the content and enforcement of tobacco policies in daycare and in-home settings	▪ survey media for tobacco presence ▪ monitor/survey events for tobacco industry presence ▪ disseminate group/population specific tobacco related data ▪ participate in data collection efforts where appropriate

Section 1-E County Allocation Table

COMMUNITY BASED TOBACCO PREVENTION AND CONTROL FUNDING FOR COUNTIES

July 1, 2000 - June 30, 2001

Level 1	County	Tot. Settlement ($)
	Garfield	20,000
	Wahkiakum	20,000
	Columbia	20,000
	Ferry	20,000
	Lincoln	20,000
	Skamania	20,000
	Pend Orielle	20,000
	San Juan	20,000
	Adams	20,000
	Klickitat	20,000
	Asotin	20,000
	Pacific	20,000
	Jefferson	20,000
	Kittitas	20,000
	Douglas	20,000
	Stevens	20,000
	Okanogan	20,000
	Whitman	20,000
	Franklin	20,000
	Mason	20,000
	Walla Walla	22,500
	Lewis	22,500
	Grays Harbor	22,500
	Grant	22,500
	Island	22,500
Level 2	**County**	**Tot. Settlement ($)**
	Chelan	33,222
	Clallam	33,448
	Cowlitz	37,798
	Skagit	41,642
	Benton	48,707
	Whatcom	51,480
	Thurston	62,304
	Yakima	62,328
Level 3	**County**	**Tot. Settlement ($)**
	Kitsap	94,368
	Clark	118,422
	Spokane	148,033
	Snohomish	224,486
	Pierce	277,734
	King	784,001
	Grand Total	**$ 2,530,474**

Section 1-F Calendar of Key Dates (FY 2001)

August 2000
World Tobacco Prevention and Control Conference in Chicago

September
Contractors'and Statewide Community Partners meeting/training
Regional Capacity-building trainings
CDC Tobacco Control Institute

October
Yakima Prevention Conference
Regional Capacity-building trainings (tobacco control 101, cultural competency, social marketing)

November
Regional Capacity-building trainings
Training on web-based reporting
Great American Smokeout

December
DOH site visits to communities
Regional Capacity-building trainings
Training on web-based reporting

January
Regional Contractors meetings
DOH site visits to communities
Monthly web-based reporting on-line

February
DOH site visits to communities
Maintain progress reports on web

March
DOH site visits to communities
Maintain progress reports on web

April
Quarterly Contractors and Community Partners Mtg/Youth Summit
Kick-Butts Day & National Drug-Free Month
Maintain progress reports on web

May
World No Tobacco Day (May 31)
Maintain progress reports on web

June
Maintain progress reports on web

July 2001
Regional Contractors meetings
Final report due on web (July 15)

Section 2-A Questions to Consider When Planning

A county's plan is a blue print to follow to prevent and control tobacco use. Once a community develops and agrees to a common plan, it becomes much easier to foster collaboration, solicit and coordinate resources, and mobilize partners toward a common goal. Creating an effective plan requires careful thought. Consider the following steps and questions whenever you do local planning.

Steps	Questions to Consider
Step 1: Establish or review a long-term community mission statement for tobacco prevention and control	• What is the purpose of the local tobacco prevention and control program? • What are some of the key values that your partners share?
Step 2: Establish work groups to develop strategic plans for each objective (prevent initiation, etc.)	• Which groups or individuals might want to participate in developing and implementing a long-term strategy to reach each of the four objectives? • Who or which group might be helpful in influencing your county to do more related to each objective?
Step 3: Determine community capacity by reviewing available community assessment data	• Which portions of core *capacity* do we have in place? • Which portions of *core capacity* do we need to improve and how will we do this?
Step 4: Identify populations "at-risk" for using tobacco within the community.	• Review data to identify the population groups or sub-groups (by age, sex, geography, etc.) which have the most tobacco users (cigarette smoking and smokeless tobacco)
Step 5: Assess needs of local partners and stakeholders.	• What are the benefits to each local partner? • What are the risks? • What strengths do they bring? Weaknesses?
Step 6: Prioritize the "target audiences" within each objective.	• Which groups/sub-groups that will be targeted?
Step 7: Review 1 and long-term outcomes and priorities from the state and establish short and long-term outcomes for the community for each objective.	• What are the annual statewide outcomes? • What are my community's desired outcomes for Year 1? Long-term?
Step 8: Review "best practices"	• How will these "best practice" activities be considered and implemented?
Step 9: For each objective, construct a 1-year and a long-term plan, including the activities that will be conducted and the projected timelines for each activity	• What "best practice" activities are most effective in influencing the target audiences? • What is needed to initiate change within the target audiences? Is it awareness and education? Policy change? • What are the timelines for completion of each activity?
Step 10: Compare the timelines for each objective with the other three to determine if activities that relate to or affect each other are in the proper sequence	• If the timelines and implementation plans for two or more objectives must be implemented in an integrated manner, review the timelines for each, and what are necessary changes for an effective plan?
Step 11: Have the plan reviewed by the key partners or coalitions	• Is the plan developed with community input?
Step 12: Develop a budget for Year 1 and have it reviewed by the key partners and coalitions	▪ Is the budget and spending plan developed with community input?

Section 2-B Characteristics of Effective Community-Based Programs

Recent research has shown the most effective way to reduce tobacco use is to change community norms or acceptance of tobacco use. States have achieved the most success in curbing tobacco use by implementing programs that are: developed in partnership with community members and integrated into community systems; comprehensive and coordinated in their approach; adequately funded; and sustained for many years.

Communities that are most effective in changing community norms have a well-developed *core capacity*. Locally based programs are more likely to survive through changes in funding, staffing, political climate and other challenges if their *core capacity* is institutionalized or integrated into existing community structures. *Core capacity* includes the following characteristics: a) community leadership; b) community mobilization; c) community assessment; d) planning; e) program implementation; e) program efficacy; f) program efficiency; g) public education and communications; h) youth empowerment; and i) policy advocacy**.** The following summarizes each characteristic of *core capacity* to guide county efforts to enhance their effectiveness. These characteristics will serve as the basis for each county's Capacity Development Plan (which will be due in December 2000)

A. Community Leadership

Community-based leadership is the most critical element of a successful tobacco prevention and control program. The program must have sufficient staff time dedicated to managing the program. It must have knowledgeable, creative and motivated staff, as well as community organizations and individuals to guide and manage the complex needs of a comprehensive program year-round. Strong leadership also ensures community training and technical assistance needs are identified and addresssed in a timely manner.

B. Community Mobilization

Preventing and controlling tobacco use requires participation and ownership from a cross section of a county to be fully effective. Therefore, it is critical that all sectors of a county be mobilized during the assessment, planning, implementation and evaluation of the local program, including:

- medical community, local hospitals and voluntary health agencies
- businesses, business groups, service clubs
- law enforcement officials, fire departments
- local health departments and other government agencies/departments
- elected officials and government administrators
- teachers, school and district administrators
- school board members, parent-teacher groups
- youth-oriented groups, day care providers, and youth
- drug and alcohol prevention programs
- community-based groups, including faith communities
- organizations/individuals representative of the cultural diversity in the county
- parents and families

Mobilization of a county also requires collaboration among its participants. There are many forms of collaboration - from formal partnerships to in-formal alliances. The type of collaboration depends on the issue being addressed. Coalitions, councils, partnerships, alliances and networks are all means of bringing county stakeholders together for action. Collaboration fosters greater community involvement and ownership and allows for strategic leveraging of scarce resources. Effective collaborations can take a lot of time and energy to create, but are essential to address a complex issue like tobacco use.

C. County Assessment

County activities should be data driven and outcome based. Therefore, county assessment data is essential to local planning efforts. Baseline assessment data describes the current status of a county – the size and make-up of its tobacco problem and its readiness for change. Ongoing assessments allow a county to track its progress in reducing tobacco use and changing norms related to tobacco use. While there are many sources of county data, the Washington State Department of Health at www.doh.wa.gov has information from the Washington State Survey of Adolescent Health Behaviors (WASSAHB – about youth tobacco use) and the Behavior Risk Surveillence System (BRFSS, data on adult behaviors). Much of this information is described in the DOH's "County Profiles of Tobacco Use." This report was first released June 2000 and will be updated annually.

D. Planning

Short and long-term planning is essential to achieving success. Planning, though it can be time consuming, helps communities develop common goals and priorities among many stakeholders, strategically focuses resources to attain best results, leverages resources through collaboration, and garners ownership from community members. Plans should be annually reviewed and modified based on evaluation and assessment data.

E. Program Implementation

Communities that are successful in changing community norms plan and implement a comprehensive program (all strategies toward all four objectives). They also use a variety of methods (one-to-one, written materials, technology, media, etc.) to conduct a wide range of activities (peer education, community summits, media events, etc.) on a year-round basis to influence individual and community attitudes toward tobacco.

F. Program Efficacy

Effective tobacco prevention and control programs have results that are both measurable and positive. These programs rely on activities that are considered *best practices* and conduct systematic evaluation of all activities to track progress and improve performance.

G. Program Efficiency

Programs are *efficient* if they are structured to produce the greatest benefit for the lowest cost. These programs have *lean* administrative costs, are skillful at leveraging scarce resources, and use volunteers and other in-kind resources extensively. Efficient programs

manage their resources in ways that ensure resources (financial and human) can be mobilized to quickly respond to emerging issues and opportunities.

H. Public Awareness and Communications

Well-organized and high quality communications are critical to the success of any program. A strong communications system (including regular meetings, meeting notes mailed to participants, newsletters, emails, phone calls, etc) ensures community stakeholders stay informed. Media (e.g., advertising, media advocacy) is an important part of a community's communication plan. It can educate and raise public awareness of tobacco issues and, if used strategically (letters to the editor, paid ads) can move a community to action.

I. Youth Empowerment

Youth are an important population to reach with tobacco prevention and control programs. Youth focused strategies are be most effective in reaching out to this group when youth are actively involved in all phases of planning, implementation, and evaluation. With the largest number of children and teens found in school settings, particularly public schools, it is important that school and community systems form effective partnerships to ensure youth are both served and actively involved. The *CDC Best Practices* suggest that these partnerships allow leveraging of scarce resources, shared ownership of both the problem of youth tobacco use and its solution, and ensure youth are receiving consistent messages.

J. Policy Advocacy

Public and private policies are strong tools for shaping and changing community norms and attitudes regarding tobacco use. Public policies (laws, ordinances, administrative rules, etc.) are created through public advocacy and approved by government policy makers. State and federal funds <u>can</u> be used to educate communities and policy-makers about tobacco issues. They <u>cannot</u> be used to directly or indirectly influence policy action by public lawmakers and government agencies.

Private policies are usually changed due to voluntary action, though private businesses and organizations can be forced to approve new policies through government action. Frequently, private organizations, business owners, or individuals take voluntary action to avoid more stringent policies by lawmakers. Sometimes private entities can be encouraged to take voluntary action by educating them about the impact of their current policies. Often the first step to changing public policies is to encourage sufficient voluntary policy change that lawmakers are willing to take action.

Section 2-C A Brief History

Washington's Tobacco Prevention & Control History

Individuals, government agencies and community-based groups across Washington State have become more skilled and aggressive in addressing the tobacco use problem the past two decades. The intensity of local efforts and level of collaboration among groups began to change in the mid-1980s with the COMMIT (Community Intervention Trial) project. COMMIT, the first such project in the United States, measured the effectiveness of smoking cessation activities conducted in a comprehensive and community-wide manner. It was immediately followed by the National Cancer Institute's project ASSIST (American Stop Smoking Intervention Study) in October 1992. Working together, the Washington State Department of Health, the Washington Division of the American Cancer Society, and numerous community partners dramatically changed the way tobacco control was conducted in Washington State. Project ASSIST significantly enhanced Washington's infrastructure for tobacco prevention and control. Following the end of project ASSIST in September 1999, federal funding for tobacco prevention and control transitioned to the Centers for Disease Control's and Prevention National Tobacco Program. This marked the first time all 50 states and territories were funded under one comprehensive program. CDC funds have been distributed in Washington State to the twenty-one ASSIST contractors to sustain the community capacity created during Project ASSIST.

Additionally, the Washington State Legislature created the Youth Prevention Account in 1993 to help communities in every county prevent youth tobacco use. Funded through tobacco retailer license fees and retailer fines (for selling illegally to minors), the Youth Prevention Account is used in a variety of ways to prevent local youth initiation of tobacco use, including sponsorship of youth involvement projects, purchase of educational materials, and completion of retailer compliance checks.

Tobacco control in Washington gained further attention in 1996 when Attorney General Christine Gregoire led 46 other Attorneys General in suing the tobacco companies. This led to the Master Settlement Agreement (MSA) of December 1998. Beginning January 2000, Washington State expected to receive up to $323 million from the tobacco companies in the first installment from the settlement. The 1999 Legislature approved $100 million of these dollars to create a Tobacco Prevention and Control Account. The remainder of the funds was allocated to the state's Health Services Account. Soon after, Secretary of Health, Mary Selecky convened the Tobacco Prevention and Control Council to develop a comprehensive and integrated tobacco plan for Washington State. The plan, requesting $26.24 million for year one, was submitted to the legislature on December 1, 1999. The 2000 Legislature allocated $15 million of the $100 million available to fund the first year of the plan. The six components of the plan are: **community-based programs**; **school-based programs**; **public awareness and education**; **cessation**; **youth access**; and **assessment and evaluation.**

A New Era in Tobacco Control

The release of the first Request for Application (RFA) for county-based funding, supported by the Tobacco Prevention and Control Account, represents a continuing evolution in the way the Washington State Department of Health funds and manages tobacco control programs. With the release of CDC National Tobacco Program funds in 1999, DOH required applicants to provide detailed information about what they planned to do, whom they were targeting and why, how they would evaluate their activities and who would be involved.

With the Legislature expecting a high level of accountability, DOH will continue to have high performance expectations of its contractors and partners. This means applications for settlement funds will have more structured expectations (*use of best practices and common objectives)* and require rigorous thought and justification. Additionally, contractors should expect more active review and support by the DOH Tobacco Program staff.

Through the RFA, settlement funds are distributed to all counties in the state. It is DOH's desire that counties begin to explore ways to integrate all local sources of funding (CDC, Youth Prevention/Access, settlement dollars, etc.) in support of unified, seamless tobacco prevention and control programs at both the state and local level.

To ensure collaboration with school-based activities, contractors are required to work with Educational Service Districts (ESDs) to prepare an integrated community-wide plan. Similar collaboration is required with other community-based partners. An inclusive community process increases community-wide ownership, fosters local partnerships, and facilitates leveraging of scarce resources.

Section 2-D Washington State's $15 Million Tobacco Plan

The 2000 Washington State Legislature allocated $15 million to fund the first year (July 1, 2000-June 30, 2001 or FY 2001) of Washington State's tobacco prevention and control plan. The following is a summary of the elements of the plan.

Community-based Funding for Counties ($4.0 million)

- Fund all counties, allocating the most funding to the most populated counties (for the greatest measurable impact, while allowing other counties to enhance capacity
- County funding = CDC + Youth Access + settlement funds
- Statewide funding through multi-cultural and tribal contracts, as well as contracts for an information clearinghouse and training and technical assistance
- Contract language will promote integration of community work with activities in other components

School-based Funding ($2.5 million)

- Statewide funding through all nine (9) Educational Service Districts
- Focus on grades 5-9
- ESD Prevention and Intervention Centers will coordinate and implement activities
- Contract language will promote integration of school activities with other components at the local level
- Additional funds may be provided from the grant from the American Legacy Foundation (ALF) for community and school-based media literacy programs. Will be coordinated with the county and ESD efforts.

Public Awareness and Education - ($5.3 million)

- Television and radio in 3 markets – Yakima/Tri-Cities, Spokane, and Seattle
- Possible joint buy with Oregon in the Portland market (to advertise quit line and target youth)
- Use existing materials from other states; possible new spots on a limited basis
- Leverage the American Legacy Foundation's national media campaign
- Primary target – youth, grades 4-12; secondary target – adult tobacco users who are ready to quit
- Use an advertising contractor
- Engage in promotional events

Cessation - ($1.2 million)

- Statewide adult-focused quit line services for 12,000-15,000 callers
- Full service follow-up for 2,000-2,500 callers
- Possible nicotine replacement therapy for limited number (<500) of clients
- Advertise and market the quit line via public awareness and education component
- Support cessation-related work groups

Youth Access - ($0.1 million)

- Retailer information and education
- Multi-lingual and -cultural
- Integrate with community-based activities to promote enforcement and reduction of social sources

Assessment & Evaluation - ($1.2 million)

- Local level data for all counties
- Web-based reporting for schools/communities, including technical assistance
- Progress measurements approximately every 4 months

Administrative Costs - ($0.7 million)

- DOH staff and administrative costs
- Support Tobacco Prevention and Control Council

Section 2-E Existing Laws Affecting Washington Citizens

Washington State Laws

WA State Clean Air Act: Smoking is prohibited in public places except in areas designates as smoking areas. The Legislature has the legal authority to restrict smoking in public places such as bars, restaurants, etc. In workplaces, the Department of Labor & Industries has the authority to restrict smoking and enforce the restrictions. RCW Ann. § 70.160.011 et seq (1985) and WAC 296-62-12000 through 296-62-12009.

Governor's Policy on Smoking in State Facilities: Executive Order 88-06 prohibits smoking in all state facilities, buildings and vehicles to provide a smoke-free healthful environment for Washington State citizens and employees.

Restriction of tobacco product sales through vending machines: The Legislature has the legal authority to restrict the sale of tobacco products through cigarette vending machines. The Liquor Control Board has the authority to enforce restrictions on tobacco product sales through vending machines. RCW Ann. § 70.155.005.

Banning of Self-Service Tobacco Displays: The legislature has the legal authority to ban self-service tobacco displays. RCW Ann. § 70.05.03.

Levying of Taxes on Tobacco Products: The Legislature has the legal authority to levy taxes on tobacco products. The Department of Revenue has the authority to enforce tax levies on tobacco products. RCW Ann. § 70.05.03.

Licensing of Tobacco Product Retailers: The legislature has the legal authority to license tobacco product retailers. The Department of Licensing has the authority to enforce licensing requirements of tobacco product retailers. RCW Ann. § 82.24.500 et seq (1993).

Revocation of Licensure of Tobacco Product Retailers: The Legislature has the legal authority to revoke licensure of tobacco product retailers. The Liquor Control Board has the authority to enforce the Legislature's decision to revoke the license of tobacco product retailers. RCW Ann. § 70.155.005 (1993)

Banning of Free Tobacco Samples & Single Cigarette Sales: The Legislature has the legal authority to ban free tobacco samples and single cigarette sales. The Liquor Control Board has the authority to enforce bans on free tobacco samples and single cigarette sales. RCW Ann. § 70.155.005.

Criminalization of Possession or Purchase of Tobacco Products by Minors: The Legislature has the authority to criminalize the possession or purchase of tobacco products by minors. The Liquor Control Board has the authority to enforce the criminalization of minors for the possession or purchase of tobacco products. It is currently illegal for a minor to purchase or possess tobacco products. Each violation can result in a fine, 4 hours of community service and/or participation in a smoking cessation class. Retailers illegally selling tobacco products to minors are liable for a fine (increases for each violation) with possible suspension of the tobacco product license. RCW § 70.155.080 (1998)

Compliance with Youth Access to Tobacco Laws: Local health jurisdictions and the Liquor Control Board have the legal authority to conduct random tobacco compliance checks. The Liquor Control Board has the authority to collect the money from violations.

Distribution of Master Settlement Agreement Funds: The State Department of Health, Legislature, and the Governor are involved in the decision making process for the distribution of tobacco settlement funds.

Federal Laws

The **Synar Amendment** requires states to enact and enforce laws to reduce tobacco use by minors. In Washington compliance checks are conducted by the State Health Department via local health jurisdictions and contractors using a random sample generated by DOH. Results are published annually by the DOH tobacco program epidemiology staff.

The **Pro-Children Act of 1994** prohibits smoking in any indoor facility that is Federally funded, either directly or indirectly, which provides routine services to children (kindergarten through high school), or provides health, day care or early childhood development (Head Start). Failure to comply can result in a civil penalty up to $1000 per day (20 USC 6082.)

Section 2-F National and Washington State Resources

American Cancer Society 728 134th St SW Everett, WA 98204 800 -729-5588 www.cancer.org	**Centers for Disease Control and Prevention (CDC)** www.cdc.gov/tobacco
American Heart Association 4414 Woodland Park N Seattle, WA 98103 (206) 632-6881 www.americanheart.org/northwest	**FANS (Fresh Air for Non-Smokers)** PO Box 24052 Seattle, WA 98124 (206) 932-7011
American Legacy Foundation 1001 G Street, NW, Suite 800 Washington, DC 20001 (202) 454-5555 www.americanlegacy.org	**National Center for Tobacco Free Kids** 1707 L St NW Suite 800 Washington DC 20036 http://tobaccofreekids.org/
American Lung Association of Washington 2625 3rd Ave Seattle, WA 98121 (206) 441-5100 or (800) 732-9339 www.alaw.org	**SOUL (Saving Ourselves from Unfiltered Lies)** Washington's Youth Movement for Tobacco Prevention & Control PO Box 20065 Seattle, WA 98102 (206) 326-2894 www.tobaccostinks.org
ANRF (Americans for Non-Smokers' Rights Foundation) 2530 San Pablo Ave, Suite J Berkeley, CA 94702 (415) 841-3032, www.no-smoke.org	**Washington DOC (Doctors Ought to Care)** PO Box 20065 Seattle, WA 98102 (206) 326-2894 www.kickbutt.org

Section 2-G Tips to Prepare a Budget

The following information is provided to help applicants think through the logic and details of the budget they will submit with their county application. Applicants are not required to submit this form. It is provided to help applicants determine what they need to think about and include in their budget. On the left is an example of the planning sheet. The sample on the right shows where the information should be placed on the actual budget sheet. A blank copy of the planning sheet is included on the following pages for your use.

SAMPLE BUDGET

A. Salaries: Tally your information in a table like this, then enter the total in section "A" of the budget sheet.

Job Class	Person	Annual Salary	% FTE	Time Period	Amount Requested
Program Manager	B Smith	$50,000	5%	9/1/00 – 6/30/01	$5000.00
Health Educator	R Jones	$30,000	75%	9/1/00 – 6/30/01	$22,500.00
				Total:	$27,500.00

B. Benefits: Enter your salary total and the percent amount your agency uses to calculate benefits (or simply enter a dollar amount in the total column). Enter the total in section "B" of the budget sheet.

Salaries	x Benefit %	
$27,500.00	x 18%	
	Total:	$5000.00

C. Contracted Services: Any amount you will be contracting out. Enter the total in section "C" of the budget sheet.

Contractor	Service
Summits Unlimited	Local youth summit
American Lung Assoc.	TATU trainings

Time Period	Amount Requested
May 2001	$2000.00
Sep & Oct 2001	$2000.00
Total:	$4000.00

D. Goods & Services: Tally items for which you expect to purchase. Enter the total in section "D" of the budget sheet.

Goods/Service	Amount Requested
Telephones/utilities/rent	$2000.00
Printing	$250.00
Total:	$2250.00

E. Travel: Estimate the amount of money you will need for travel to meet RFA requirements and work plan objectives. Enter the total in section "E" of the budget sheet.

Trip	Mileage	x.325 per mile	Other	Reason	Amount Requested
Local travel	1428 miles	x.325			$500.00
Youth Summit	n/a	n/a	$200	youth transport	$200.00
Contractors' Meetings x 2			$275	air fare	$275.00
				Total:	$975.00

SAMPLE BUDGET SHEET

A. Salaries	
Total Salaries:	$27,500.00

B. Benefits	
Total Benefits:	$5,500.00

C. Contracted Services	
Total Contract Services:	$4000.00

D. Goods & Services	
Total Goods & Services:	$2250.00

E. Travel	
	$975.00

SAMPLE BUDGET (con't)

F. Other: This area is for items not covered in other areas of the budget sheet. Enter the items, the enter the total in section "F" of the budget sheet.

Item	Amount Requested
Data Management Support	$2750.00
Total:	$2750.00

F. Other	
Total Salaries:	$2750.00

G. Indirect Costs: Determine the dollar amount your agency will charge for indirects. Note that indirects may not be charged against amount that you will be contracting out (amount in section "C").

Indirect Rate	
18%	
Total:	$7015.50

G. Indirect Costs	
Indirect Rate:	18%
Total Benefits:	$5,500.00

H. Totals: Total Items A through F and enter on the first line. Enter the total from section G and enter on the second line, then total your costs. Enter this information in section "H" of the budget sheet.

Total Direct Costs (Items A-F):	$42,975.50
Total Indirect Costs (Item F):	$7,015.50
Total Budget:	$49,990.50

H. Totals	
Total Contract Services:	$4000.00
Total Indirect Costs:	$7015.50
Total Budget:	$49990.50

I. Yearly Expenditure Plan: This is month by month breakout of what you plan to spend. The total amount should equal the budget amount you listed in section "H" of the budget sheet. Enter your expected costs by month, total the amounts and enter this total in section "I" of the budget sheet.

Month	Projected Expenditures
September 2000	$4510.00
October 2000	$5000.00
November 2000	$4550.50
December 2000	$4000.00
January 2001	$3190.00
February 2001	$4590.00
March 2001	$4300.00
April 2001	$5650.00
May 2001	$8500.00
June 2001	$5700.00
Total Monthly Expenditures	**$49,990.50**

I. Yearly Expenditure Plan	
Month	Projected Expenditures
September 2000	$4510.00
October 2000	$5000.00
November 2000	$4550.50
December 2000	$4000.00
January 2001	$3190.00
February 2001	$4590.00
March 2001	$4300.00
April 2001	$5650.00
May 2001	$8500.00
June 2001	$5700.00
Total Monthly Expenditures:	**$49,990.50**

BUDGET WORKSHEET (pg. 1 of 2)

A. Salaries: Tally your information in a table like this, then enter the total in section "A" of the budget sheet.

Job Classification	Person	Annual Salary	% FTE	Time Period	Amount Requested
				Total:	

B. Benefits: Enter your salary total and the percent amount your agency uses to calculate benefits (or simply enter a dollar amount in the total column). Enter the total in section "B" of the budget sheet.

Salaries	x Benefit %	
	Total:	

C. Contracted Services: Any amount you will be contracting out. Enter the total in section "C" of the budget sheet.

Contractor	Service

Time Period	Amount Requested
Total:	

D. Goods & Services: Tally items for which you expect to purchase. Enter the total in section "D" of the budget sheet.

Goods/Service

Amount Requested
Total:

E. Travel: Estimate the amount of money you will need for travel to meet RFA requirements and work plan objectives. Enter the total in section "E" of the budget sheet.

Trip	Mileage	x.325 per mile	Other	Reason	Amount Requested
				Total:	

BUDGET WORKSHEET (pg. 2 of 2)

F. Other: This area is for items not covered in other areas of the budget sheet. Enter the items, the enter the total in section "F" of the budget sheet.

Item	Amount Requested
Total:	

G. Indirect Costs: Determine the dollar amount your agency will charge for indirects. Note that indirects may not be charged against amount that you will be contracting out (amount in section "C").

Indirect Rate	
Total:	

H. Totals: Total Items A through F and enter on the first line. Enter the total from section G and enter on the second line, then total your costs. Enter this information in section "H" of the budget sheet.

Total Direct Costs (Items A-F):	
Total Indirect Costs (Item F):	
Total Budget:	

I. Yearly Expenditure Plan: This is month by month breakout of what you plan to spend. The total amount should equal the budget amount you listed in section "H" of the budget sheet. Enter your expected costs by month, total the amounts and enter this total in section "I" of the budget sheet.

Month	Projected Expenditures
September 2000	
October 2000	
November 2000	
December 2000	
January 2001	
February 2001	
March 2001	
April 2001	
May 2001	
June 2001	
Total Monthly Expenditures	

Section 2-H Media Advocacy

Traditionally, public health professionals have used "the media" to conduct awareness campaigns to communicate public health messages to the community. Generally this was limited to sending out press releases or placing public service announcements to take advantage of free public service airtime. Increasingly, this meant messages were usually aired after peak media hours. Today professionals are using media advocacy in new ways to strategically advance a social or policy initiatives.

Media advocacy is proactive, not simply reactive. It helps shift the focus from individual health to the health of the community. Used effectively, it can shed light the need for changes in community attitudes or policies and the basis for decisions affecting community health. The goal of media advocacy in tobacco control is to reduce community acceptance of tobacco use by educating the general public and policy makers to the dangers of existing attitudes and policies to community health.

An important media advocacy tactic uses the news to get the message across. News is an excellent format to initiate discussion of policy issues. It has built-in credibility - people believe what they see, hear and read in the news. Getting in the news is free; a great advantage to programs with limited resources.

Listed below are basic and general media advocacy principles (from a workshop conducted by The Advocacy Institute for the National Cancer Institute) to consider when planning local media advocacy for tobacco prevention activities:

Be Flexible, Spontaneous, Opportunistic and Creative.

Careful planning is required but allow for flexibility and spontaneity. Be on the hunt for breaking news stories, which can provide a "peg" for a press comment on tobacco use prevention or education.

Seize the Initiative - Don't Be Intimidated.

Whether scientist or citizen, your credibility as a tobacco control advocate is inherent because you are perceived to be motivated by concern for the public's health, not by profit.

Stay Focused on the Issues.

Stay focused on public health issues and not personal conflict. Avoid getting sidetracked onto secondary issues. For example, when challenging tobacco advertising and promotion, concentrate on the seductive and deceptive content of it and not the legal issues of advertising restrictions.

Make it Local - Keep it Relevant.

Make the story local and personal. Involve pertinent information from your community and the people in it. Use local statistics, local role models (such as retailers who do not sell tobacco to minors or restaurant and bars that voluntarily go smoke-free) and local efforts to change public health policy.

Know the Medium.

Remember the newspapers, radios, or TV stations that receive revenue from tobacco advertising will be reluctant to cover tobacco control issues.

Target Your Media Messages.

Know your audience and tailor your message to it. Learn who is watching or reading the program or publication(s) you plan to use.

Make Sure Your Media Know and Trust You.

Initiate, pursue and tend media relationships. Don't wait until you have a story to contact your media. Keep careful and written records of all your media contacts. This will help in building a media network. To be trusted by the media, it is important not only to be credible but also to appear credible. Appearing credible involves maintaining a professional appearance in public.

Be Prepared.

When you have a story, be prepared to tell the reporter three things: 1) what the story is; 2) why the story is significant; and 3) how it can be independently verified (in other words, where did you get your facts?)

Your Best Spokesperson May Be Someone Else.

Choose your spokespeople as carefully as the tobacco industry chooses theirs!